models 1 to 4 were 0.79(0.73-0.85), 0.78(0.72-0.84), 0.76(0.70-0.82), and 0.74(0.68-0.81), respectively.

MODEL	1		2		3		4	
PREDICTORS	β	95% CI	β	95% CI	β	95% CI	β	95% CI
Disease duration	-0.07	-0.11, -0.02	-0.06	-0.11, -0.02	-0.06	-0.11, -0.02	-0.08	-0.12, -0.03
Current NSAIDs	-1.14	-2.24, -0.05	-0.96	-2.02, -0.10	-1.09	-2.12, -0.05	-0.85	-1.87, -0.18
Last 12 months flares	-0.42	-0.70, -0.13	-0.23	-0.41, -0.06	-0.25	-0.05, -0.06	-	-
sUA <6 mg/dl	1.68	0.38, 2.98	0.82	0.00, 1.65	0.76	-0.06, 1.57	-	-
Tophi	-1.66	-3.18, -0.14	-0.68	-1.65, -0.29	-0.73	-1.79, -0.32	-	-
VAS patient disease	-0.64	-1.28, -0.00	-0.09	-0.24, -0.06	-	-	-	-
Baseline GAS	1.59	-0.20, 3.38	-	-	-	-	-0.47	-0.83, -0.12
Intercept	-3.50	-8.36, 1.34	0.76	0.00, 1.52	0.60	-0.10, 1.31	2.03	0.64, 3.43
PERFORMANCE								
C-statistic	0.81	0.73, 0.88	0.81	0.73, 0.88	0.80	0.73, 0.87	0.77	0.69, 0.85
Optimism-corrected Hosmer–Lemeshow test	0.77		0.78		0.78		0.77	
	0.64		0.37		0.38		0.49	

Conclusion: These preliminary prediction models for inactive disease showed good performance in gouty patients from a real-life secondary setting. External validation in ad-hoc studies is required to identify the best model and to search for additional predictors and increase its predictive performance.

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AB0894 CHANGE OF ULTRASONOGRAPHIC SIGNS DURING URATE LOWERING THERAPY IN PATIENTS WITH GOUT

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Background: US is widely used in clinical practise in gout diagnosis and follow up. However, the crystal resolution time is not widely studied in gout patients by ultrasonography.

Objectives: To explore related factors of changes in gouty patients by ultrasonography after initiation of uric acid lowering therapy.

Methods: There were 72 gout patients enrolled who admitted to First hospital of Peking University from December 2012 to June 2017. All the patients had clinical and ultrasound examination at both knees, ankles and feet joints at the baseline. Regular uric acid lowering therapy started for one year. The endpoint was the last time who repeat the ultrasound examination during the follow up. According with uric acid level and its measuring time, the area under the curve was calculated to reflect the uric acid burden.

Results: In the 216 joint regions of 72 patients, double contour sign were detectable in 112/216(51.85%), tophi were detectable in 71/216(32.87%). Among MTP Joints, DCS was detected in 32/144 (22.22%),

and tophi in 47/144 (32.64%). Among Knee joints, DCS was detected in 33/144 (22.92%), tophi in 4/144 (2.78%). Among ankle joints, DCS was detected in 47/144(32.64%), tophi in 20/144(13.89%). DCS disappearance occurred in 38/55 (69.09%) joints positive for DCS at baseline. Time-to-disappearance was 148 days (63-985 days). Tophi disappeared completely in 18/45 joints (40%). Time-to-disappearance was 382.5 days(397.25-686 days). There was no significant difference in age, BMI, duration of disease and complications between DCS persisted group and DCS disappearance group. SUA in the DCS disappeared group at baseline, second, third, fourth and ninth months of follow-up was significantly lower than that of the non-disappeared group. SUA load in the DCS group was significantly lower than the non-disappeared group. Post hoc tests showed that SUA levels fell significantly from baseline through fourth month of follow-up in DCS disappeared group, and SUA of the sixth months was the lowest.

Conclusion: To screen for specific features of gout such as DCS or tophi by US at initiation of ULT and during follow-up is a useful, and effective modality to detect the lowering and often disappearance of burden of urate load in gouty joints.

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AB0895 EFICACY AND SAFETY OF ALLOPURINOL WHILE TITRATING HYPERURICAEMIA IN GOUTY PATIENTS

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Background: according to EULAR 2016 recommendations (1), a drug of choice for gout treatment in patients with normal kidney function is Allopurinol, which should be started at 100 mg daily and titrated up to 600-900 mg daily (raised up for 100 mg every 2-4 weeks) in order to reach the target serum uric acid (SUA) level of < 6 mg/dL (360 µmol/L). However, this advice is mostly not followed in daily clinical practice, mainly because of the adverse events precaution.

Objectives: to monitor the efficacy and safety of different dose regimens of Allopurinol while treating hyperuricaemia in gouty patients.

Methods: in a prospective study gouty patients were included consequently, as they have entered the Rheumatology Institute in Belgrade, classified as either chronic or newly-diagnosed. Allopurinol was titrated monthly up to the recommended SUA level or the severe adverse events occurrence (following hypersensitive drug reactions, liver and kidney function tests and the number of blood cells). Patients were followed-up for 6 months.

Results: study enrolled 61 patients (92,1% male) aged 59,2 (9,6) years. Their mean (SD) SUA level was 454,8 (99,3), 362,7 (60,9) and 388,2 (74,4) µmol/L at 1,2 or 3 months of therapy, respectively. At three months of therapy, target SUA level was reached by 45 (73,8%) of patients treated with Allopurinol up to 300 mg daily. For non-responders, Allopurinol was raised to 400-600 mg daily and additional 12 (19,6%) of patients reached the target SUA level (mean 353,6 (36,2) µmol/L), whereas only 6,6% of patients did not reach the therapeutic goal. Gouty flares were identified in 11/61 (18%) of patients, gastrointestinal symptoms were reported by 6/61 (9,8%), 5/61 pts (8,2%) have evolved